



**FIRST ANNUAL CONFERENCE OF  
AFRICAN TELECOMMUNICATION  
REGULATORS ON CONSUMER AFFAIRS**



## CONFIRMATION SLIP

• Name of Organization / Person: \_\_\_\_\_

• Number of Participants at the Event: \_\_\_\_\_

• Name of Participant(s): \_\_\_\_\_

• Address of Organization / Person: \_\_\_\_\_

• Email address: \_\_\_\_\_

• Telephone number: \_\_\_\_\_

• Service Group: (e.g. Regulator, Government Ministry, Agencies, Parastatals, etc). Please state as appropriate:

\_\_\_\_\_

• Level of Participation: ( Participant, Speaker, Discussant, etc) please state as appropriate:

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